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1635 MARKET S PHILADELPHIA		(Depositor's name)					
	•						(Signature)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVE		OR	ATTORNEY		CONFIRMATION NO.
10/517,097 TITLE OF INVENTION:	07/06/2005 SCORPION PEPTIDE		ia Elena de Lima Perez EENT	-Garcia		B1204/20002	5628
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	02/09/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KOSSON, ROSANNE		1652	514-012000				
<ol> <li>Change of correspondence address or indication of "Fee Address CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspon Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 CAESAR, RIVISE,  BERNSTEIN, COHEN  2 & POKOTILOW, LTD.  3				
(A) NAME OF ASSIG	ss an assignee is identi in 37 CFR 3.11. Comp NEE		data will appear on the T a substitute for filing  (B) RESIDENCE: (CI	e patent. If an assig an assignment.	COUNT	TRY)	ocument has been filed for
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	🗆 Individual 👪 (	Corporati	on or other private grou	up entity Government
4a. The following fee(s) ar  ∑ Issue Fee  ∑ Publication Fee (No  ☐ Advance Order - # 6	small entity discount p	<ul> <li>D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).</li> </ul>					
5. Change in Entity Statu  a. Applicant claims	`	•	☐ h Applicant is no l	onger eleiming SM/	ATT END	ΓΙΤΥ status. See 37 CF	D 1 27(~)(2)
NOTE: The Issue Fee and	Publication Fee (if requ	uired) will not be accepte	d from anyone other tha				(0)( )
interest as shown by the reconstruction Authorized Signature  Typed or printed name	David M. Te		Office	Date	2-/ No	8/07/37,054	
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	application form to the ns for reducing this bur ginia 22313-1450. DO 3-1450.	den, should be sent to the NOT SEND FEES OR	depending upon the in- e Chief Information Off COMPLETED FORMS	dividual case. Any officer, U.S. Patent and TO THIS ADDRES	omment I Traden S. SENI	ic which is to file (and to complete, including s on the amount of tim nark Office, U.S. Depan D TO: Commissioner for s a valid OMB control r	rtment of Commerce, P.O. or Patents, P.O. Box 1450,

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